



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 NORTH GRAND AVENUE EAST, P.O. Box 19276, SPRINGFIELD, ILLINOIS 62794-9276

217/785-9407

Fax: 217/524-1991

September 4, 2001

MC Holdings, Inc.
Attn: Mr. Dana Morey
100 Morey Drive
Woodridge, IL 60517

Certified # 7000 1670 0004 1555 1646

Re: LPC # 0430305029 -- DuPage County
The Morey Corporation/Downers Grove
SRP/Fiscal

Dear Mr. Morey:

Attached is an itemized invoice and supporting documentation for costs incurred and paid by the Illinois Environmental Protection Agency at the The Morey Corporation site in Downers Grove for the time period April, 2001 through June, 2001. This bill is pursuant to the signed Service Agreement dated October 31, 2000. The total amount is due within 45 days of receipt of this request.

Within 35 days after the receipt of a request for payment, the Remediation Applicant may appeal the reasonableness of any request for payment. Appeals of any request which do not exceed, in the aggregate, the Agency's cost estimate provided under Section 740.210(c)(5) or \$5,000, whichever is greater, shall be limited to the grounds that the services on which the request is based were not actually performed. Appeals to the Board shall be in the manner provided for the review of permit decisions in Section 40 of the Environmental Protection Act. In lieu of an immediate appeal to the Board, the Remediation Applicant may file a joint request for a 90-day extension of the time to file an appeal in the manner provided for extensions of permit decisions in Section 40 of the Environmental Protection Act [415 ILCS 5/40].

Please follow the payment instructions listed below:

Checks should be made payable to:

Illinois Environmental Protection Agency
For Deposit into the Hazardous Waste Fund

RELEASABLE

NOV 13 2001

REVIEWER MM

GEORGE H. RYAN, GOVERNOR

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5 BILL TO:

7000 1670 0004 1555 1646

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
Gm/mr J93	
Postage	\$ 34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 37.60
MC Holdings, Inc. Attn: Mr. Dana Morey 100 Morey Drive Woodridge, IL 60517	
PS Form 3800, May 2000 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<table border="1"> <tr> <td>A. Received by (Please Print Clearly)</td> <td>B. Date of Delivery</td> </tr> <tr> <td>FRANK WITKOWSKI</td> <td>9-6-1</td> </tr> <tr> <td>C. Signature</td> <td></td> </tr> <tr> <td>X <i>Frank Witkowski</i></td> <td><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</td> </tr> <tr> <td>D. Is delivery address different from item 1?</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">If YES, enter delivery address below:</td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery	FRANK WITKOWSKI	9-6-1	C. Signature		X <i>Frank Witkowski</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, enter delivery address below:	
A. Received by (Please Print Clearly)	B. Date of Delivery												
FRANK WITKOWSKI	9-6-1												
C. Signature													
X <i>Frank Witkowski</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee												
D. Is delivery address different from item 1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
If YES, enter delivery address below:													
1. Article Addressed to: MC Holdings, Inc. Attn: Mr. Dana Morey 100 Morey Drive Woodridge, IL 60517	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes												

2. Article Number (Copy from service label) 7000 1670 0004 1555 1646